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can give no practical knowledge—the nurse's position in a family. Often unwelcome, too often a trial, she may lighten the burden by considering herself a guest and conducting herself as such—a guest who is determined to give her hostess as little trouble as possible.

THE TREATMENT OF FAMILIES IN WHICH THERE IS SICKNESS*

By LILIAN D. WALD

(Concluded from page 519)

THE USE OF LYING-IN HOSPITALS.

As to the use of the lying-in hospitals, the nature of each case so largely governs judgment upon it that it is not easy to advise. It should be remembered, however, that, particularly in the case of the large and well-advertised midwifery hospitals, a married woman often loses social caste by going to them for confinement. Where the family tie is so often strained by hardship and difficult problems, one hesitates to weaken it at a time like this. Surely so when the first baby comes. Illness or lack of work may have left the family, normally careful and thrifty, stranded at the time. I should consider deeply before advising separation of the couple at this time. Perhaps other arguments would prevail when the anxiety as to the household and many children is added. My own personal feelings are rather strong upon this matter, and have not been weakened by my experience in the best maternity hospitals. The mechanical character of the service seems more marked in these hospitals than in any other. Anticipation of abnormal childbirth, however, indicates hospital care, and the instructions as to hospital removal are to be here applied.

Your position is that of adviser to the family, and you should be familiar with the general laws of good housekeeping—ventilation of the rooms, the bedding, and the burning of the sweepings and dressings. All dressings should be burned, but in the summer-time, when kerosene stoves are much in use, this is not easy. Heavy paper bags may be supplied for the dry dressings which may have to be carried to a fire; otherwise the repulsive sight of these dressings on the ash-barrels may result.

It is also proper that you should have some knowledge as to the method of transmission of certain diseases, such as that scarlet fever is transmitted by particles of skin, and therefore vaseline, sweet oil, and

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similar emollients are used to prevent them from flying about, as well as for therapeutic reasons. This is also true of measles. Diphtheria is carried through the membranous exudate from nose and throat. In typhoid fever the germs are in the stools, and the bedding, clothing, stools, and dishes should be thoroughly disinfected. Chloride of lime is probably the cheapest good disinfectant, and will for that reason, if prescribed, be used more freely. The germ of pulmonary tuberculosis is in the sputa, and the expectoration should be in cups or rags, which must be burned. Whooping-cough is conveyed by direct contact.

This knowledge will make you observant of happenings and possible corrections of them. For example, the nurse observes a woman using her apron to wipe a child's nose where discharge was profuse in a scarlet-fever case, and then sitting on the front stoop surrounded by little children, seltzer bottles handled by the sick and returned, metal-top milk-bottles sent back to the dairy after being exposed to infection, etc., etc.

You should also have knowledge of the proper cleansing of your own body and hair. There is nothing so good as boiling water to sterilize. Fresh air and proper feeding and sufficient rest are the best preventive treatment.

The Department of Health gives the following instruction on daily report: "All teachers and scholars who are members of a family in which a case of diphtheria, scarlet fever, measles, or chicken-pox has occurred should be excluded from schools until premises are disinfected; where whooping-cough occurs, all in the family, who have not previously had the disease, must be excluded; in case of smallpox, all residents in the house must be excluded from schools until three weeks from the time the case was reported. In typhoid fever and erysipelas exclusion is not required."

The following are given as illustrations of the various conditions that are met and to which I have alluded in this discourse on the treatment of families in which there is sickness

CASE I.—An Italian, was found by one of the nurses on Monroe Street. He had recently returned from Bellevue, where he had been for several weeks. The family consisted of father, mother, two boys in the Five Points Mission, and two girls at home. They lived on the top floor of a rear house. The patient was paralyzed below his waist and had undergone several operations; he was also suffering from three large bedsores. He was lying on a hard cot with one sheet over him and only rags beneath. The wife sat by the window finishing knee-pants. This was the only means of support for the family. The first thought of the nurse was removal to a hospital, but upon talking with him she found

that he had been very unhappy in the hospital, and absolutely refused to consider a return to it. The nurse secured an air-bed for him and loaned sheets, pillow-cases, and night-clothes; interested friends to send nourishment,—eggs, milk,—and went herself twice daily to attend to the dressings. The mother sewed on the knee-pants while daylight lasted, and when it became too dark to sew she washed the sheets and pillow-cases and night-clothes, that the nurse might have clean linen the next day. This condition continued several weeks, when the mother began to show signs of being run down from exertion. Again the nurse pressed the hospital. The patient still refused, but at last, after twenty-four hours' consideration, said that he would go to any hospital but the one in which he had been before. As this was the only hospital that would take him in, the situation seemed hopeless. The only way in which he could have been taken to a hospital was by physical force. We felt that it was a cruel thing to insist upon his going when he begged so persistently to be left at home, and said his only prayer was that he might die at home with his family. We therefore made arrangements for assistance to the wife in housekeeping and sewing, that she might herself nurse her husband. When the nurse told the family that such arrangements had been made the man was overcome with emotion and fainted. He lived only a few weeks longer, but died, as he wished, at home.

The Association for the Improvement of the Condition of the Poor helped pay the rent; a club of women from the East Side gave eggs and groceries; the Centre Street Dispensary gave milk; sheets, pillow-cases, and dressings were provided by the Nurses' Settlement; a neighbor gave a couch.

CASE II.—Boy, empyema, in the New York Hospital. Contagion broke out in the children's ward and he was sent home, still needing an extensive daily dressing. The nurse was called in by the district physician. The dressing was almost too extensive to be done successfully at home, and after two weeks an appeal was made to the hospital to take him back again. They refused on account of their condition of quarantine. At the end of three weeks they had consented to take him in, but on the day he was to be admitted fresh contagion broke out in the hospital. Application for his admission was made then at another hospital and was refused on the ground that the first hospital should care for its patients. The home surroundings were not suitable, the family very poor, and there was nothing left but for the nurse to continue the daily dressings and do the best she could. Two weeks later he was readmitted to the first hospital. The mother hemmed handkerchiefs, which the father peddled. There was one other child.

CASE III.—A baby of two years, ill with pneumonia. The nurse found her with a high temperature; the mother had employed a private doctor. Air and light in the house were good (comparatively speaking). The mother seemed intelligent and capable of being instructed, so hospital was not advised. Baby was found on a feather bed covered with feather pillows, with a temperature of 105°. The nurse explained to the mother the desirability of cooler bedding and taught her how to arrange the crib properly. The front room was reserved for the sick baby and the mother was taught how to give the medicines, how to sponge the baby, and how to keep a record of the treatment. She devoted herself to the sick child, while her sister came to take care of the house and the two other children. The child's fever ran on for four days, and at the end subsided and the baby recovered.

CASE IV.—A call came from a charity society for the nurse to give her judgment as to the fitness of this case for a hospital. Upon visiting the house found comparatively good and comfortable rooms. A young couple, husband a tailor, wife severely ill after an abnormal child-birth. Thrifty people, with a good deal of sentiment, who had saved for the expected child. The complications of her illness made adequate medical treatment of this very sick woman impossible for them. The hospital was urged because—and it was very painstakingly explained to the husband that though the rooms were good enough and the home clean enough—she might suffer permanently if adequate treatment were not given now, explaining what was needed. Great objections were made, and the very sick woman appealed to her husband not to send her away. As patient was septic, none but the City Hospital would take her, and she had the usual prejudices against it. The friends of the family bestirred themselves and secured a good physician's services. With the nurse's visits twice daily she recovered. It is true, however, that the husband remained at home from work to do his share of nursing, and that they were probably financially crippled and in debt as a consequence.

CASE V.—A nurse called in to a child three years of age, supposed case of diphtheria, but diagnosed by the Board of Health physician as a non-contagious disease. The child proved to have diphtheria; abscesses, pneumonia, and erysipelas followed. Too ill for hospital, and because the child was in excessive pain in a recumbent position the mother held him in her arms all the time. The father a chronic invalid, the mother a housekeeper in a tenement (which meant no rent to pay), and one boy earning small wages. The nurse visited the child three times a day, sponging, irrigating, and performing the different treatments prescribed. A physician from the dispensary, a milk ticket from the diet

kitchen, and the assistance of a relative, who looked after the house-keeping, was what was needed to carry the case through.

CASE VI.—Child; patient's father a peddler, the mother worked on cloaks. The nurse was called in at the request of the dispensary physician, and found one of the seven children ill with scarlet fever. She naturally advised the parents to send the child to the contagious hospital. The parents consented, and the child died there. Two weeks later the nurse stopped in to learn if other cases had followed, and found the two children ill at home. This time the parents refused to send their children away, and the utmost that could be done for the protection of the community was to have the nurse make frequent calls and admonish and advise, and, when possible, assist the mother. One day she found the mother working on cloaks and laying them on the bed occupied by the sick children. She notified the authorities of this, and frankly told the mother that she had done so and why she had done it. As this meant additional hardship to the family and enforced discontinuance of the work, the nurse communicated with a relief society and asked that money be given to the father to buy additional peddler's stock, as upon consulting with the family this was what seemed the most immediately helpful thing. The relief society delayed, and the nurses procured the money for the man, as immediate action seemed imperative. In this case milk was given daily and they were able without further assistance to exist through the period of illness.

AN OUTLINE OF THE BERLIN TRIP

By MARY E. THORNTON

New York

THAT prince of guides, Grant Allen, advises the American traveller to make his first acquaintance with Europe in the country in England, and condemns what he describes as "the now fashionable route from America to the Mediterranean" as being the worst possible order in which an American can first visit Europe.

Given the advice and the good sense to follow it, where in England should the presentation be made other than in "its heart"—Chester, Leamington, Warwick, Stratford, Kenilworth, Coventry, Oxford, names to conjure with. Mr. Allen, in speaking of Oxford, says "It is the one thing in England which no American who values his soul should leave unseen on whatever consideration; it is unique in the world, like Venice. London you may see or not as you please, but you must see